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PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035  
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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/018,733
	Filing Date	March 28, 2002
	First Named Inventor	Dimitri Caplygin
	Art Unit	3736
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	HALFOR 3.3-002

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with  
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Dimitri Caplygin

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.

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Dated: 2/9/2005

Signature:

(Raymond B. Churchill, Jr.)



PTO/SB/81 (06-04)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/018,733
Filing Date	March 28, 2002
First Named Inventor	Dimitri Caplygin
Title	SYSTEM FOR ENHANCEMENT OF NEUROPHYSIOLOGICAL, etc.
Art Unit	3736
Examiner Name	Not Yet Assigned
Attorney Docket No.	HALFOR 3.3-002

I hereby appoint:

☒ Practitioners associated with the Customer Number: 000530

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record** (if assignee, put name, title and company name in the "Name" space below)

Name	Dimitri Caplygin
Signature	
Date	
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Dated: 2/9/2005 Signature: (Raymond B. Churchill, Jr.)